

2018

FINAL APPEAL DECISION DISMISSAL
Secretary's Office of Inmate Grievances & Appeals
 Pennsylvania Department of Corrections
 1920 Technology Parkway
 Mechanicsburg, PA 17050

This serves to acknowledge receipt of your appeal to final review for the grievance identified below. In accordance with the provisions of DC-ADM 804, "Inmate Grievance System," this Office has reviewed all documents provided as part of the grievance record. Upon consideration of the entire record, it is the decision of this office to dismiss your appeal to final review due to a failure to comply with the provisions of the DC-ADM 804, as specified below.

Inmate Name:	Lamont Zamichieli	Inmate Number:	LW2870
SCI Filed at:	Huntingdon	Current SCI:	Huntingdon
Grievance #:	735677		
Decision:	Dismiss		
<input checked="" type="checkbox"/> X	1) Your grievance was properly rejected at the facility level for the reason(s) outlined below.		
<input type="checkbox"/>	2) Your grievance is being dismissed at the final appeal level for the reason(s) outlined below.		
Rationale:			
<input type="checkbox"/>	1. Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator.		
<input checked="" type="checkbox"/> X	a) DC ADM 008 Prison Rape Elimination Act (PREA) – allegations of a sexual nature against a staff member and/or inmate-on-inmate sexual contact		
<input type="checkbox"/>	b) DC ADM 801 Inmate Discipline/Misconduct Procedures		
<input type="checkbox"/>	c) DC ADM 802 Administrative Custody Procedures		
<input type="checkbox"/>	2. The grievance or appeal was not submitted within fifteen (15) working days after the events upon which claims are based.		
<input type="checkbox"/>	3. Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.		
<input type="checkbox"/>	4. The grievance was not signed and/or dated with correct commitment name, number, contained UCC references, or was not presented in proper format.		
<input type="checkbox"/>	5. Grievance or appeal must be legible, understandable, and presented in a courteous manner.		
<input type="checkbox"/>	6. The grievance or appeal exceeded the two-page limit. Description needs to be brief.		
<input type="checkbox"/>	7. Grievance does not indicate that you were personally affected by a Department or facility action or policy.		
<input type="checkbox"/>	8. Grievances based upon different events must be presented separately.		
<input type="checkbox"/>	9. The issue(s) presented on the attached grievance has been reviewed or is currently being reviewed and addressed. Prior grievance #		
<input type="checkbox"/>	10. Group grievances or grievances filed on behalf of another inmate are prohibited.		
<input type="checkbox"/>	11. Grievance disputes previous grievances, appeal decisions or staff members who rendered those decisions.		
<input type="checkbox"/>	12. You are currently on grievance restriction. You are limited to one grievance every 15 working days. Last grievance # was submitted on		
<input type="checkbox"/>	13. You have not provided this Office with required and/or legible documentation for proper review.		
<input type="checkbox"/>	14. An appeal to final review is not permitted when you fail to comply with submission procedures.		
Response:			
The rejection and superintendent's response to your grievance is appropriate. Therefore, your appeal to this office is dismissed.			
Signature:	Dorina Varner <i>[Handwritten Signature]</i>		
Title:	Chief Grievance Officer		
Date:	6/15/18		

DLV/klm

cc: DC-15/Superintendent Kauffman
 Grievance Office



... ..

Pg 2 of 2

Form DC-135A INMATE'S REQUEST TO STAFF MEMBER		Commonwealth of Pennsylvania Department of Corrections	
<p><i>Gravine Area collector</i></p>		<p>INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.</p>	
1. To: (Name and Title of Officer) <i>Gravine Court, Pg 2 of 2</i>		2. Date: <i>5/3/18</i>	
3. By: (Print Inmate Name and Number) <i>Leonard Zamichieri # LW2870</i>		4. Counselor's Name <i>C. Banks</i>	
<p><i>[Signature]</i> Inmate Signature</p>		5. Unit Manager's Name <i>Kendrick</i>	
6. Work Assignment		7. Housing Assignment <i>Room 85,000 Cash for Privacy Violation emotional mental damage embarrassment</i>	
<p>8. Subject: State your request completely but briefly. Give details. <i>CC. file, rank, Attorney, OSI, Area Central Dir</i></p> <p>According to Records, its Rule Policy created by LPM GROSS since being in his care, he assigned me to work loads of only male employees/ staff such as male counselor which is C. Banks, male PSS which is PSS Diehl, male unit manager which is "Kendrick" because (1) he is aware that I was repeated sexual abused privacy violated in past by female staff (2) GROSS has his way to discriminate on sex sexual abuse. But the fact is that according to him, I'm not supposed to be seen by female staff therefore I'm not assigned to CRNP-causins case load for Psychiatry and besides CRNP-causins isn't a Psychiatrist or she isn't Licensed in mental health field. On 4/30/18 I wasn't on callout to be seen at my cell door, excluded on interview in cell or out of cell by CRNP-JESSICA CAUSINS. On 4/30/18 around 10:20 AM while I was in cell 61009 CRNP CAUSINS sexually abused harassed me and supposedly viewed me naked while in bed supposedly masturbating laying in bed according to misconduct # D 026893 which is believed to be fabricated malicious and retaliatory if I was off guard and didn't realize I was sexually violated and targeted again by CRNP CAUSINS until I received misconduct later that day which contents in it.</p> <p>9. Response (This Section for Staff Response Only). Stating she wanted me to go perform oral sex on her and let her ride my penis or she wants me to get her pregnant. This is unnecessary/uncalled for. Check cameras, save footage of appropriate the place it will substantiate she violated my privacy to bodily as she admits to viewing me naked in cell when she had no cause to look inside of my cell or come to my cell door. I wasn't on list to be interviewed by PRT or CAUSINS at my cell door or out of cell. and besides DR. XUE-XUE, is my Psychiatrist a Male Psych assigned to me but CRNP CAUSINS interfered with access to him and treatment by him just to harm me, I haven't been interviewed out of cell by DR. XUE for almost 2 months because CRNP CAUSINS prevent me from seeking and taking advantage of adequate mental health care knowing DR. XUE will do his job well and give</p>			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	
<p>Required prescribed treatment. me and JESSICA CAUSINS don't get along, has bad blood, she's very ignorant, disrespectful, rude and unprofessional. She's said that I reported her favoritism to David her and Gregory Barber Relationship, Bond months ago. New CRNP CAUSINS been retaliating and violating me and other "SMI" PTU inmates and possible PRT inmates privacy viewing naked plus besides this is not the first time she saw my penis, as she claim in misconduct. - She violated my privacy plenty of times before we get on bed terms months ago. she use</p>			
<p>Staff Member Name <i>1</i> Sign <i># 144450</i> Date <i>PA 006 local 11/18</i></p>			


Revised July 2000

GRIEVANCE REJECTION

SCI-Huntingdon
1100 Pike St.
Huntingdon, PA 16654-1112

ready to meet
5/12/18
5:00pm

This serves to acknowledge receipt of your grievance to this office. In accordance with the provisions of DC-ADM 804, "Inmate Grievance System," I have reviewed all documents provided as part of the grievance. Upon consideration of the grievance, it is the decision of this office to reject your grievance due to a failure to comply with the provisions of the DC-ADM 804, as specified below.

Inmate Name:	Lamont Zamichieli	Inmate Number:	LW2870
Facility:	HUN	Unit/Location:	GC-Unit
Grievance #:	735677		
Decision:	Rejection		
<input checked="" type="checkbox"/> X	Your grievance is being rejected for the reason(s) outlined below.		
Rationale:			
<input checked="" type="checkbox"/> X	1. Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator.		
<input checked="" type="checkbox"/> X	a) DC ADM 008 Prison Rape Elimination Act (PREA) - allegations of a sexual nature against a staff member and/or inmate-on-inmate sexual contact.		
	b) DC ADM 801 Inmate Discipline/Misconduct Procedures		
	c) DC ADM 802 Administrative Custody Procedures		
	d) DC ADM 803 Inmate Mail and Incoming Publications, Section 3, E.		
	2. The grievance was not submitted within 15 working days after the events upon which claims are based.		
	3. Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.		
	4. The grievance was not signed and/or dated with correct commitment name or number, contained UCC references, or was not presented in proper format.		
	5. Grievance must be legible, understandable, and presented in a courteous manner.		
	6. The grievance exceeded the two page limit. Description needs to be brief.		
	7. Grievance does not indicate that you were personally affected by a DOC or facility action or policy.		
	8. Grievances based upon different events must be presented separately.		
	9. The issue(s) presented on the attached grievance has been reviewed or is currently being reviewed and addressed in prior grievance		
	10. Group grievances or grievances filed on behalf of another inmate are prohibited.		
	11. Grievance disputes previous grievances, appeal decisions, or staff members who rendered those decisions.		
	12. You are currently on grievance restriction. You are limited to one grievance every 15 working days. Last grievance # _____, submitted on _____		
	13. You have not provided this office with the required documentation for proper review such as a DC153A Personal Property Inventory Sheet, Confiscated Items Receipt, Commissary/Outside Purchase Form, or documents outlined on the DC ADM 005 Notification of Deductions memo and/or the Notification of Amended Deductions memo.		
	14. The publication appeal did not include a copy of the Notice of Incoming Publication Denial form (Attachment 3-B of DC ADM 803).		
Response:			
Sexual abuse is taken seriously by the Department of Corrections. Any allegations of a sexual nature (abuse/harassment) against a staff member or inmate-on-inmate sexual contact must be investigated to make sure that inmates are safe in this facility. This grievance is being forwarded to the Security Department and the PREA Compliance Manager to start that investigation.			
Signature:			
Title:	Facility Grievance Coordinator		
Date:	5-9-18		

cc: DC-15
File

DC-ADM 804, Inmate Grievance System Procedures Manual**Section 1 – Grievances & Initial Review**

Issued: 1/26/2016
Effective: 2/16/2016

Attachment 1-C

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

FOR OFFICIAL USE

GRIEVANCE NUMBER

Appeal # 735677 to sup KLUFFMAN

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR	FACILITY: SET Huntington	DATE: 5/11/18
FROM: (INMATE NAME & NUMBER) Lamont Zamichieli # LW2870	SIGNATURE OF INMATE: 	
WORK ASSIGNMENT: LW2870	HOUSING ASSIGNMENT: 6C1009 DTA	

INSTRUCTIONS: I was told by LT Maxwell CRNP cousins is not a DOC employee. Therefore should have DOC staff members with her at all times per DOC Policy as some nurses...
 1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. Ref. of: CRNP cousins to have more DOC employees with her at all times at seeing
 2. State your grievance in Block A in a brief and understandable manner. Ref. of: 85,000 call 4th amendment violation P
 3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of 8th amend staff members you have contacted. CRNP cousins saw me nude in DOC medical ops 5/11/17, 9/11/17 also at auge 1/20/18

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8 1/2" x 11" page). State all relief that you are seeking.
 Appeal Rejection # 735677 to facility manager as to comply with exhaustion of remedies if available (PREG) sexual abuse allegations and presents following facts to confirm substantiate my claims with proof evidence that CRNP-Jessica Cousins is retaliating against me and/or violated my Bodily Privacy and sexually abused/harassed me numerous times at my cell door in DTA by viewing me nude naked as she said in misconduct # D006893. - 2. Den misconduct is fabricated out of retaliation on she violating my rights on 4/30/18. As records indicate on 4/30/18 I was not scheduled on callout etc documents to be interviewed by PRT or Jess Cousins out of cell or at my cell door on DTA 6C1009. Also however I was unaware that a female/CRNP cousins will be on POD or stop at my door or near my door or view into my darked cell windows door half covered... come close or peek into my cell because no PREG complaint Bell was rung nor the officers or CRNP cousins come on intercom speaker announce female on POD/DTA! on 4/30/18 CRNP cousins if she came on DTA or viewed into my cell, didn't make her presence known. - Therefore violating my privacy and maybe other SMI inmates. However Jessica Cousins knew that she didn't announce her presence also was aware that by her not letting presence be known that inmates may be nude in cell, whether washing up, using bathroom/toilet, handling personal hygiene/pleasure and that she may view them voluntarily or involuntarily as she was in her right state of mind to know. However she admits to seeing me naked... is it true that she saw me naked or is misconduct maliciously fabricated by her. Upon (DTA is loud, POD is loud, maybe all inmates scream save all camera footage on 4/30/18 10:20 AM)

B. List actions taken and staff you have contacted, before submitting this grievance. Investigation and testimony falling to other inmates, I discovered that perhaps while I was unaware of her presence that she was on the DTA. I didn't realize until after I receive misconduct later that day and after I invest get it. CRNP cousins claimed to seeing me masturbate also stated in misconduct that she wanted me to get her pregnant/perform oral sex on her. This is a subliminal secret hint/message from her as what she maybe wants from me. I was told by inmate John Louigne Hewiss and others who with her at his cell door, turn towards my cell stand on her tip toes and lean over to look down into my cell.

Signature of Facility Grievance Coordinator

Date

WHITE Facility Grievance Coordinator Copy
GOLDEN ROD Inmate Copy

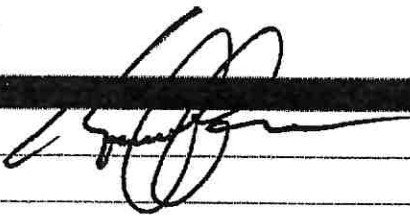
CANARY File Copy

PINK Action Return Copy

Facility Manager's Appeal Response
SCI-Huntingdon
 1100 Pike St.
 Huntingdon, PA 16654-1112

109

This serves to acknowledge receipt of your grievance appeal to the Facility Manager for the grievance noted below. In accordance with the provisions of DC-ADM 804, "Inmate Grievance System Policy," the following response is being provided based on a review of the entire record of this grievance. The review included your initial grievance, the Grievance Officer's response, your appeal to me, and any other documents submitted.

Inmate Name:	Lamont Zamichieli	Inmate Number:	LW2870
Facility:	HUN	Unit Location:	GC-Unit
Grievance #:	735677		
Decision:	<input checked="checked" type="checkbox"/> Uphold Response (UR) <input type="checkbox"/> Uphold in part/Deny in part <input type="checkbox"/> Uphold Inmate (UI) <input type="checkbox"/> Dismiss/Dismiss Untimely		
<i>It is the decision of this Facility Manager to uphold the initial response, uphold the inmate, dismiss, or uphold in part/deny in part. This response will include a brief rationale summarizing the conclusion and any action taken to resolve the issue(s) raised in the grievance and your appeal and relief sought.</i>			
Response:	<i>Frivolous</i>		
<p>In reviewing your initial grievance and appeal, I note your original grievance was rejected because grievances related to DC ADM 008 PREA will be handled in accordance with the procedures outlined in that policy and will not be reviewed by the grievance officer. In your appeal to this rejected grievance, you repeat the claims presented in your initial grievance. DC ADM 804 states issues related to sexual abuse or sexual harassment will not be addressed by the inmate grievance system. Your concerns were forwarded to the PREA compliance team for investigation and will not be addressed by the grievance process. I find grievance #735677 has been properly rejected.</p>			
Signature:	Kevin Kauffman		
Title:	Facility Manager		
Date:	6-1-18		

cc: DC-15
 File

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 2 - Appeals

Issued: 12/1/2010
 Effective: 12/8/2010


Attachment 2-B

clearly established laws
as abortion laws & sexual

2018

Final Appeal Decision
Secretary's Office of Inmate Grievances & Appeals
 Pennsylvania Department of Corrections
 1920 Technology Parkway
 Mechanicsburg, PA 17050

This serves to acknowledge receipt of your appeal to the Secretary's Office of Inmate Grievances and Appeals for the grievance noted below. In accordance with the provisions of DC-ADM 804, "Inmate Grievance System Policy", the following response is being provided based on a review of the entire record of this grievance. The review included your initial grievance, the Grievance Officer's response, your appeal to the Facility Manager, the Facility Manager's response, the issues you raised to final review, and (when applicable) any revised institutional responses required as a result of a subsequent remand action by this office. As necessary, input from appropriate Central Office Bureaus (e.g., Health Care Services, Chief Counsel, Office of Special Investigations and Intelligence, etc) may have been solicited in making a determination in response to your issue as well.

Inmate Name:	Lamont Zamichieli	Inmate Number:	LW2870
SCI Filed at:	Huntingdon	Current SCI:	Huntingdon
Grievance #:	740123		
Publication (if applicable):			
Decision:	<input checked="" type="checkbox"/> Uphold Response (UR) <input type="checkbox"/> Uphold Inmate (UI) <input type="checkbox"/> Uphold in part/Deny in part		
<i>It is the decision of the Secretary's Office of Inmate Grievances and Appeals to uphold the initial response, uphold the inmate, or Uphold in part/Deny in part. This response will include a brief rationale, summarizing the conclusion, any action taken to resolve the issue(s) raised in the grievance and your appeal and relief sought.</i>			
Response:	<i>Frivolous</i>		
You claim in your grievance that staff are not following the Code of Ethics and tobacco policy. An investigation was conducted regarding your allegations. The record reflects that UM Kendrick reviewed the camera and de did not observe any staff smoking or using tobacco products on the units or in a specific cell. There is nothing new to add to the responses you already received. You have failed to provide any evidence that staff violated policy. Therefore, your requested relief is denied.			
Signature:	Dorina Varner 		
Title:	Chief Grievance Officer		
Date:	8/13/18		

DLV

cc: DC-15/Superintendent Kauffman
 Grievance Office

DC-ADM 804, Inmate Grievance System Procedures Manual
Section 2 – Appeals

Issued: 1/26/2016
 Effective: 2/16/2016

Attachment 2-F

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONSFOR OFFICIAL USE
740123
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <i>[Signature]</i>	FACILITY: <i>Scr. Huntington</i>	DATE: <i>Aug 9 2018</i>
FROM: (INMATE NAME & NUMBER) <i>Lamont Carmichael #LW2870</i>	SIGNATURE OF INMATE: <i>[Signature]</i>	Secretary's Office Inmate Grievances & Appeals AUG 09 2018
WORK ASSIGNMENT: <i>N/A</i>	HOUSING ASSIGNMENT: <i>6C100A 156</i>	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8 1/2" x 11" page). State all relief that you are seeking.

Officers employees are not following PA D.C.C Policy and Code of ethics, in the DTY KILL. This been ongoing for months now and to date 6/18 nothing has been done to change violations. PA D.C.C Policy Tobacco Products. Smokeless tobacco etc. I prohibited from use in designated areas of the facility set Huntington in B100PH 20 hours lock in under unhealthy unsanitary life conditions. Officers are using chew tobacco also providing inmates with contraband tobacco products. My life health is at risk due to smoke second hand smoke etc plus by officers spitting all over the floor plate and bowl launching their bottle of cups then spit in with or without gloves and then with some dirty spitty unsafe gloves they pass out my meal trays, collect mail, security cells, escort to groups etc etc. I'm at risk and other (SMT) DTY inmates are at risk of disease, infection such as tuberculosis, Hepatitis, Wounds, Herpes and numerous other bacterial infections contagious and transmittable through spit saliva, or other bodily fluids exposed to. On 6/18 approx 2:30-3:00pm officer Henry and officer Panke's were had chew tobacco in their mouth and spit in their spit bottle specks of saliva on their gloves and pulled me out of my cell to do security check. Officer Henry was in my cell checking it and he spit on my floor and paperwaste and

B. List actions taken and staff you have contacted, before submitting this grievance.

Socashally said "you got me into trouble weeks ago Dickhead" with angry face and said "didn't I tell you that you are not allowed to eat my food, you are in my cell" and then he pulled me out of my cell to do security check. Officer Panke's held on to me with a unsanitary gloves. also around 6:00-7:00 pm on 6/18 you'll see them and Officer Fochman at 61001 cell and spitting in their spit bottles while nurse examine in male cell medical emergency. Numerous officers seen

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE Facility Grievance Coordinator Copy
GOLDEN ROD Inmate Copy

CANARY File Copy

PINK Action Return Copy

740123

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

FOR OFFICIAL USE

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR: <i>MS. Green</i>	FACILITY: <i>SCI Huntingdon</i>	DATE: <i>6/2/18</i>
FROM: (INMATE NAME & NUMBER) <i>Lamont Zmichieli # LW2870</i>	SIGNATURE OF INMATE: <i>[Signature]</i>	
WORK ASSIGNMENT: <i>ANTONIO MOORE LMA/11</i>	HOUSING ASSIGNMENT: <i>6C1007 DTU</i>	

INSTRUCTIONS: *Relief: \$50,000 (SNUE cameras) \$50,000 credit. Prison account everywhere for next 3 months. Relief: \$50,000 AC commissary funds. Relief requested: give me free flat screen free cable, Release to RT NSP*

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. *Relief: Remove tobacco from employees, chew tobacco, and if found violation.*

2. State your grievance in Block A in a brief and understandable manner. *Relief requested: give me free flat screen free cable, Release to RT NSP*

3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of the staff members you have contacted. *Relief: Remove tobacco from employees, chew tobacco, and if found violation.*

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8 1/2" x 11" page). State all relief that you are seeking. *Code of ethics of Department of corrections of PA is being violated by numerous of employees in SCI Huntingdon plus in DOC policy. By these officers using smokeless tobacco in RHU/DTU areas cause danger to my health. This is how contraband is transported, provide By officers upon investigation, I was told by PW inmates in DTU who has and once had tobacco, lighters etc products in DTU that officers deliver meals with tobacco, lighters etc. it and in their Diet Bags also some officers allow inmates to get out of their property. It's all possible being sight of seeing / knowing close chew/smoke tobacco in DTU RHU etc while on the job. It's unprofessional to mix pleasure with business and get high / intoxicated off of tobacco products under influence while at work. I smell smoke throughout the building. all of cell ventilation vents are not connected in a way blow air and smoke sucks down in confinement. I have health issues and tobacco products are danger to my health. Severe asthma, hypertension, tachycardia, etc. My blood pressure has been feeling high lately, nose bleeds, Bl. I must walk or be escorted at and it gets on bottom of shoes tracked to my cell floor. Very unsanitary/dirty having to deal with Body Bodily fluids, saliva of officers working in DTU under 22 hour lock in cell. Inmates should be discriminated against in any way. I am on RHU/DTU inmates not permitted tobacco or pleasure products using should staff violate DOC Policy. At no other facility, employees don't violate code of ethics DOC by using tobacco in RHU/DTU. It's only permitted in designated areas only plus officers allowed smoke/cup breaks to use tobacco. Not while operating DTU. Majority of officers on RHU/DTU chew tobacco snuff, cameras will confirm them put in their mouth, take it, or spit it out, spit soda bottle on floor, ground throughout SCI Huntingdon RHU/DTU premises.*

B. List actions taken and staff you have contacted, before submitting this grievance. *Employees be allowed to violate DOC Policy. At no other facility, employees don't violate code of ethics DOC by using tobacco in RHU/DTU. It's only permitted in designated areas only plus officers allowed smoke/cup breaks to use tobacco. Not while operating DTU. Majority of officers on RHU/DTU chew tobacco snuff, cameras will confirm them put in their mouth, take it, or spit it out, spit soda bottle on floor, ground throughout SCI Huntingdon RHU/DTU premises.*

Your grievance has been received and will be processed in accordance with DC-ADM 804.

have trouble Breathe, Mask wear

Signature of Facility Grievance Coordinator

Date

WHITE Facility Grievance Coordinator Copy
GOLDEN ROD Inmate Copy

CANARY File Copy

PINK Action Return Copy

INITIAL REVIEW RESPONSE

SCI-Huntingdon
1100 Pike St.
Huntingdon, PA 16654-1112

This serves to acknowledge receipt of your grievance to the assigned Grievance Officer. The response is as follows.

Inmate Name:	Zamichelli	Inmate Number:	LW2870
Facility:	Huntingdon	Unit Location:	IG block DTU
Grievance #:	740123	Grievance Date:	6/2/18
Decision:			
<input type="checkbox"/> Uphold Inmate <input checked="" type="checkbox"/> Grievance Denied <input type="checkbox"/> Uphold in Part/Deny in Part			
<i>It is the decision of this grievance officer to uphold or deny the inmate's initial grievance. This response will include a brief rationale, summarize the conclusion, any action taken to resolve the issue(s) raised in the grievance and, relief sought.</i>			
Response:	Frivolous		
<p>I have received your grievance in which you allege that staff are not abiding by the Code of Ethics and Tobacco policy. I have looked into this and watched the cameras in the RHU and DTU. I have not observed any staff smoking or using tobacco product on the housing units or in your cell specifically. Staff use the universal precaution constantly and at no time do the intentionally put you in harm's way of receiving any disease or infection by spitting on their gloves or in your cell and on your paperwork. Nor does staff plant any tobacco products in your cell so that you can receive a misconduct for it. I would like to suggest that you utilize the Inmate's request to staff to resolve issues like this prior to filing a grievance in the future.</p> <p>For the above reasons this grievance and all relief sought is denied.</p> <p><i>egreen</i></p>			
Signature:	<i>C. K. H. H. H.</i>		
Title:	RHU/DTU UM		
Date:	6/11/18		

cc: Superintendent
DC-15
File

DC-ADM 804, Inmate Grievance System Procedures Manual
Section 1 - Grievances & Initial Review

Issued: 12/1/2010
Effective: 12/8/2010

Attachment 1-D

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

FOR OFFICIAL USE
730715
GRIEVANCE NUMBER

Sub-Facultypengasse.

TO: FACILITY GRIEVANCE COORDINATOR <i>MS Green</i>	FACILITY: <i>SC - Humberston</i>	DATE: <i>7/5/14</i>
FROM: (INMATE NAME & NUMBER) <i>Lamont, Michael J. LW2870</i>	SIGNATURE OF INMATE: <i>[Signature]</i>	
WORK ASSIGNMENT: <i>ah LW2870</i>	HOUSING ASSIGNMENT: <i>GC1007074</i>	

LW2870

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of all staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8½" x 11" page). State all relief that you are seeking.

Per DOC Policy Tobacco Products, smoke/smokeless tobacco etc. is prohibited from use in designated areas of The Prison, Not allowed in PHU/DTU! Policy to be followed by inmates and employees, PA DOC Policy. There are tobacco products being used in DTU/PHU by both state/inmates who say they receive from officers in PHU/DTU directly or indirectly, spit, etc. This is a safety/security risk of contraband, etc. My risk health is in danger through second hand smoke, tuberculosis, Hepatitis and other bacterial infection contagious diseases on 3/18 around 4:00-5:00 PM in DTU, [REDACTED] ch tobacco spit and bottles that contain spit saliva filled by officers Henny/Hunkers. Numerous of days such as 3/18, 3 weeks ago and up to the date those employees/officers 2-shift etc. women Director PHU walks around in DTU that excreta mouth, dripping from their mouths etc. walk around with soda bottles full of spit saliva from sales of tobacco in their pockets and cameras will film on numerous of dates up to 4/18. Inmate officers pull bottle out of pocket, spit in it or spit in trash can they touch with gloves bare hands then escort me on pass out meals with contaminated hands, touching items so As I check's Acquisit, etc they must give us upon request or I will be denied access to medical staff of tobacco spit on 4/18 I was escorted to group by officers who chew tobacco product on ground near room 200m. It got stuck in bottom of my shoe.

[illegible]

Signature of Facility Grievance Coordinator

Date _____

WHITE Facility Grievance Coordinator Copy
GOLDEN ROD Inmate Copy 01/21/01

CANARY File Copy

PINK Action Return Copy

See: Prison grievance # 736 775
of similar problems with tobacco
being used in DM By PA Doc officers and
grievance coordinator ignored purpose!!

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 1 – Grievances & Initial Review

Issued: 1/26/2016
Effective: 2/16/2016

Soda Bottle
which is also

These issues been going on for over 1 year
New C/Os staff in SCS Huntington DTL/RTIL
uses tobacco products on the unit and still do the
Same and nothing is being corrected as of Dec
1998 Manual

Attachment 1-A

NEW EVIDENCE See Cameron's FOIA request on
6/7/18 2:00-2:35 PM Cameron's request 2/11/11

Facility Manager's Appeal Response

SCI-Huntingdon

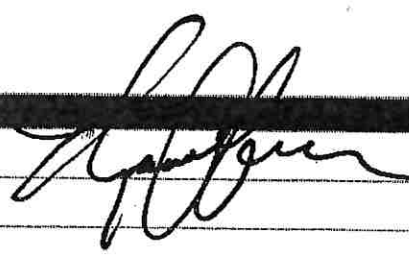
1100 Pike St.

Huntingdon, PA 16654-1112

110

DTU

This serves to acknowledge receipt of your grievance appeal to the Facility Manager for the grievance noted below. In accordance with the provisions of DC-ADM 804, "Inmate Grievance System Policy," the following response is being provided based on a review of the entire record of this grievance. The review included your initial grievance, the Grievance Officer's response, your appeal to me, and any other documents submitted.

Inmate Name:	Lamont Zamichieli	Inmate Number:	LW2870
Facility:	HUN	Unit Location:	GC-Unit
Grievance #:	740123		
Decision:			
<input checked="" type="checkbox"/> Uphold Response (UR)		<input type="checkbox"/> Uphold in part/Deny in part	
<input type="checkbox"/> Uphold Inmate (UI)		<input type="checkbox"/> Dismiss/Dismiss Untimely	
<i>It is the decision of this Facility Manager to uphold the initial response, uphold the inmate, dismiss, or uphold in part/deny in part. This response will include a brief rationale summarizing the conclusion and any action taken to resolve the issue(s) raised in the grievance and your appeal and relief sought.</i>			
Response:	Frivolous		
<p>In reviewing your grievance and appeal, I note that your concern with officers using tobacco products was appropriately addressed by Mr. Kendrick. In your appeal, You repeat the issues presented in your initial grievance, and you state you became sick because of the officers using tobacco. In his response to your initial grievance, Mr. Kendrick explains he looked at video and did not observe staff smoking or using tobacco products in the DTU or near your cell. Mr. Kendrick also notes staff use universal precautions and would not put you in harm's way. I find there is no connection between your allegations and you becoming sick. If you are sick, I can only encourage you to sign up for sick call which is available to you daily.</p> <p>In closing, I can only reiterate that I uphold the response provided by the grievance officer. Your grievance is found to be without merit.</p>			
Signature:	Kevin Kauffman		
Title:	Facility Manager		
Date:	7-27-18		

cc: DC-15
File

DC-ADM 804, Inmate Grievance System Procedures Manual
Section 2 - Appeals

Issued: 12/1/2010
Effective: 12/8/2010

Attachment 2-B

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <i>Final Review central office</i>	FACILITY: <i>SCI Huntingdon</i>	DATE: <i>8/3/18</i>
FROM: (INMATE NAME & NUMBER) <i>LAMONT ZEMIR HICLI # LW2870</i>	SIGNATURE OF INMATE <i>[Signature]</i>	
WORK ASSIGNMENT: <i>ATA</i>	HOUSING ASSIGNMENT: <i>6/1010 DTU</i>	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8 1/2" x 11" page). State all relief that you are seeking.

I request to be tested/checked for all diseases/illnesses such as Hep A, B, C, HIV, Tuberculosis, RPR, HTLV, etc. I have now (Hepatitis B) as diagnosed and person. IS THAT THE REASON I AM BEING FOLLOWED BY EMPLOYEES/STAFF/OFFICERS AT SCI-HUNTINGDON IN THE DTU/RTU CONFINEMENTS 23 HOURS LOCK-IN. OFFICERS ARE STILL USING TOBACCO PRODUCTS TO DATE IN THE DTU/RTU. IF YOU VISIT THE FACILITY OR CHECK ROOM, YOU WILL SEE AND SMELL & CHEW TOBACCO PRODUCTS IN OFFICERS' MOUTH, THEY SPIT IN EMPTY SODA BOTTLES/CUPS AND ON THEIR BARE HANDS/GLOVES. ESCORT DTU INMATES AS MYSELF TO AND FROM GROUPS ACTIVITIES SHOWERS, ETC. INMATES HEALTH IN DANGER TO BEING EXPOSED TO THEIR BODILY FLUIDS, SALIVA, SPIT THAT MAY CONTAIN HEPATITIS, SYRPHUS, UNITS #1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100. I HAVE NOW (HEPATITIS B) AS DIAGNOSED AND PERSON. IS THAT THE REASON I AM BEING FOLLOWED BY EMPLOYEES/STAFF/OFFICERS AT SCI-HUNTINGDON IN THE DTU/RTU CONFINEMENTS 23 HOURS LOCK-IN. OFFICERS ARE STILL USING TOBACCO PRODUCTS TO DATE IN THE DTU/RTU. IF YOU VISIT THE FACILITY OR CHECK ROOM, YOU WILL SEE AND SMELL & CHEW TOBACCO PRODUCTS IN OFFICERS' MOUTH, THEY SPIT IN EMPTY SODA BOTTLES/CUPS AND ON THEIR BARE HANDS/GLOVES. ESCORT DTU INMATES AS MYSELF TO AND FROM GROUPS ACTIVITIES SHOWERS, ETC. INMATES HEALTH IN DANGER TO BEING EXPOSED TO THEIR BODILY FLUIDS, SALIVA, SPIT THAT MAY CONTAIN HEPATITIS, SYRPHUS, UNITS #1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

B. List actions taken and staff you have contacted, before submitting this grievance. *BEEN FEELING NERVOUS SICK DUE TO OTHERS PERSONS SALIVA SPIT IN MY MEAL TRAY AND WHEN CLAS TOUCH ME OR MY PROPERTY MAIL ETC. IF TOBACCO SMOKE BE REMOVED FROM DTU OFFICERS IT WOULD ELIMINATE FUTURE DANGER & INMATES AT RISK OF CONTRACTING A SERIOUS DISEASE VIRUS. FACILITY MANA*

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator
* Relief 365 Day DC time out immediate release to GP and transfer to another PA DOC prison.
WHITE Facility Grievance Coordinator Copy CANARY File Copy PINK Action Return Copy
GOLDEN ROD Inmate Copy

See camera 8 on DTU GC unit of SCI Huntingdon. On 6/11/18 at 2:00-2:25 PM (14:00-14:25) hours you will see C/O Henry & C/O Merrill on camera 132 in DTU pulling chew tobacco out of Ben packets at SCI Huntingdon to date still deny and fail to investigate/correct ongoing obvious issues of tobacco usage in DTU by staff, which makes him liable and

2019

Final Appeal Decision
Secretary's Office of Inmate Grievances & Appeals
 Pennsylvania Department of Corrections
 1920 Technology Parkway
 Mechanicsburg, PA 17050

This serves to acknowledge receipt of your appeal to the Secretary's Office of Inmate Grievances and Appeals for the grievance noted below. In accordance with the provisions of DC-ADM 804, "Inmate Grievance System Policy", the following response is being provided based on a review of the entire record of this grievance. The review included your initial grievance, the Grievance Officer's response, your appeal to the Facility Manager, the Facility Manager's response, the issues you raised to final review, and (when applicable) any revised institutional responses required as a result of a subsequent remand action by this office. As necessary, input from appropriate Central Office Bureaus (e.g., Health Care Services, Chief Counsel, Bureau of Investigations and Intelligence, etc) may have been solicited in making a determination in response to your issue as well.

Inmate Name:	Lamont Zamichieli	Inmate Number:	LW2870
SCI Filed at:	Huntingdon	Current SCI:	Huntingdon
Grievance #:	754907		
Publication (if applicable):			
Decision:			
<input checked="" type="checkbox"/> Uphold Response (UR) <input type="checkbox"/> Uphold Inmate (UI) <input type="checkbox"/> Uphold in part/Deny in part			
<i>It is the decision of the Secretary's Office of Inmate Grievances and Appeals to uphold the initial response, uphold the inmate, or Uphold in part/Deny in part. This response will include a brief rationale, summarizing the conclusion, any action taken to resolve the issue(s) raised in the grievance and your appeal and relief sought.</i>			
Response:	Frivolous		
You claim in your grievance that on 8/19/18 you requested to go to the POC and when you put your hands through the aperture, you alleged that CO Merritts repeatedly slammed the aperture on your hands, causing you injury. An investigation was conducted regarding your allegations. The record reflects that your investigation was forwarded to the Bureau of Investigations and Intelligence in accordance with DCM ADM 001. The record reflects that BII reviewed the investigation and found it to be satisfactory. The record reflects that your allegations were found to be unsubstantiated. You have failed to provide any evidence to substantiate your claims. Therefore, your requested relief is denied.			
Signature:	Dorina Varner <i>Dorina Varner</i>		
Title:	Chief Grievance Officer		
Date:	2/19/19		

DLV

cc: DC-15/Superintendent Kauffman
 Grievance Office

DC-ADM 804, Inmate Grievance System Procedures Manual
Section 2 – Appeals

Issued: 1/26/2016
 Effective: 2/16/2016

Attachment 2-F

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONSFOR OFFICIAL USE
754907
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR DC-ADM 804 ABUSE	FACILITY: SC-1-Huntingdon	DATE: 8/24/18
FROM: (INMATE NAME & NUMBER) Lamont Zamicheli # LW2870	SIGNATURE OF INMATE:	Secretary's Office Inmate Grievances & Appeals
WORK ASSIGNMENT: NA LW2870	HOUSING ASSIGNMENT: GC1015 DTU	JAN 23 2019
INSTRUCTIONS:		
<p>1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.</p> <p>2. State your grievance in Block A in a brief and understandable manner.</p> <p>3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.</p>		
<p>A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8 1/2" x 11" page). State all relief that you are seeking.</p> <p>ON 8/19/18 4:05-7:45 pm (1605-1645 hours) I was assaulted/ABUSED By Officer Merritts II on the DTU at my cell # GC1010. I ASK for camera footage to be saved for courts civil Review. Medical Fracture J. B. Merritts slammed the wicket Metal steel Aperture on my hands repeatedly out of malicious Retaliation to cause harm and unnecessary Pain. This is assault Battery violating State Law and Excessive use of force violation of 8th amendment and cruel punishment. X-Ray of my Right hand/wrist revealed FRACTURES which was diagnosed on 8/21/18. I now have a cast/splint of about 13 inches in length on my Right hand/wrist and I'm currently prescribed pain medication 4 times a day for excruciating pain. Injuries that's clearly visible with Physical I injuries/evidence. The Doctor said I'll be in cast/splint for 6-8 weeks to heal then I'll require surgery. I request 300,000 compensation. He Assaulted (me) a code inmate.</p>		
<p>B. List actions taken and staff you have contacted, before submitting this grievance. Plus hospital medical costs.</p> <p>I told block leaders, LT. Franks who witnessed it I told LT. Snyder who is in medical XRAY ROOM on hand had videorecording camera on 8/18/18 10-11 AM. I told counselor C. Banks, Unit Manager Cpt House, PRC Walters, Drumbough, Spiker, Schuler, Cousens, P. H. Goss. All told me Security Report was filed and they notified OSST. ASP</p>		

Your grievance has been received and will be processed in accordance with DC-ADM 804. I suffer physically for

Connie Preen
Signature of Facility Grievance Coordinator

8.28.18
Date

WHITE Facility Grievance Coordinator Copy
GOLDEN ROD Inmate Copy

CANARY File Copy


PINK Action Return Copy

pg 2

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

FOR OFFICIAL USE
754907
GRIEVANCE NUMBER

he called me a "Gotton picker" this is racist language

TO: FACILITY GRIEVANCE COORDINATOR PAWOL / DC DOM OC	FACILITY: Huntington SCF	DATE: 8/24/12
FROM: (INMATE NAME & NUMBER) Lamont Zamichelli # LW2870	SIGNATURE OF INMATE: 	
WORK ASSIGNMENT: TOTAL \$658,000 NA LW2870	HOUSING ASSIGNMENT: 6C1015 DTY Separation from other men closer	

INSTRUCTIONS: Refer to the DC-ADM 804 for procedures on the inmate grievance system. 1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. 2. State your grievance in Block A in a brief and understandable manner. 3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8½" x 11" page). State all relief that you are seeking.

This is abuse on a private file & pursuant to DEADMOO1 and should be thoroughly investigated. ASAP ON 8/19/18 4:05-4:45 pm cameras on DCU GC Pod at cell #5010 to be saved. Cameras are proof direct of C/O Merritt assaulting me for the second time in four months. ON 8/19/18 This officer repeatedly Purposely to cause harm, slammed the door aperture on my Right and Left hand: a act of Retaliation for my past grievances on him and other employees at Sgt Huntington. My Right hand was X-RAYED and revealed fracture that requires cast splint / Surgeon to heal. Pain medication. Medical files Records will verify PMO ASK for them to be SAVED and save camera footage during assault while in DTU Stripped and in medical. This officer was not authorize to open my transport Aperture for police in DTU / R11U hang Book for anything if my cell light is off and back window / Light are covered with a Refusal of meal, exercise, etc. This officer Refused to understand I was depressed and missed a prior conversation with I told him in not really. I feel suicidal and asked to be killed and taken to DCU He Refused to tell LT. FRANK I wanted PO. C/O Merritt stated "you don't learn, DICKY and your suicidal notions. Like I said before "The only way to go to DCU on my shift is if you spray you or write you up like before" He came to my cell, opened my Aperture. We expected him to handcuff me, and as I gave him noise notice / didn't verbally before opening it. just a picture of him cuffing me; he threw a picture a fruit with my forehead

B. List actions taken and staff you have contacted, before submitting this grievance. Apeiture was held fast by closed the aperture in my hands applying full hand pressure, Pushing Roughly with all his strenght on my Aperture with my hands stuck. He Pushed like animals and stating "I'm MAKE SURE I Break or cut Chap your hands off." He eventually Released and pulled his CAN OF O.C SPRAY telling me to Let go of the aperture, I said get The LT, Insychnal, my hands will stay here until LT appears. [unclear] [unclear] [unclear]

Your grievance has been received and will be processed in accordance with DC-ADM 804

Signature of Facility Grievance Coordinator

Date _____

WHITE Facility Grievance Coordinator Copy
GOLDEN ROD Inmate Copy

CANARY File Copy

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DC-ADM 804, Inmate Grievance System Procedures Manual
Section 1 – Grievances & Initial Review

Attachment 1-A

Issued: 1/26/2016
Effective: 2/16/2016

C1014

INITIAL REVIEW RESPONSE

SCI-Huntingdon
1100 Pike Street
Huntingdon, PA 16654-1112

This serves to acknowledge receipt of your grievance to the assigned Grievance Officer. The response is as follows

Inmate Name:	Zamichieli, Lamont	Inmate Number:	LW2870
Facility:	SCI Huntingdon	Unit Location:	DTU
Grievance #:	754907	Grievance Date:	8/24/201
Publication (if applicable):			
Decision:			
<input type="checkbox"/> Uphold Inmate <input checked="" type="checkbox"/> Grievance Denied <input type="checkbox"/> Uphold in part/Denied in part			
<i>It is the decision of this grievance officer to uphold, deny or uphold in part/deny in part the inmate's initial grievance. This response will include a brief rationale, summarize the conclusion, any action taken to resolve the issue(s) raised in the grievance and, relief sought.</i>			
Response:		Frivolous:	
<p>I have received and reviewed your Grievance #754907. You alleged that on August 19, 2018, after requesting to go to POC and placing your hands through the aperture to be restrained, COI Merritts repeatedly slammed the aperture on your hands, causing injury.</p> <p>Regarding your allegation, after review of reports and investigating this matter, the findings of my investigation are:</p> <p>In accordance with DCADM001, a thorough investigation was conducted into abuse allegations made by you. The investigation is concluded; a copy of my report was sent to the Bureau of Investigations and Intelligence and Superintendent Kauffman and the findings were found to be satisfactory. The findings of this investigation conclude the allegations made by you are unsubstantiated and the relief you sought has no basis.</p> <p>Your Grievance is denied.</p> <p><i>egreen</i></p>			
Signature:	<i>C. Yank</i>		
Title:	Security Lieutenant		
Date:	November 26, 2018		

cc: Facility Grievance Coordinator
DC-15
File

Pg 1 of 2

DC-804

Part 1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

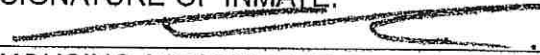
FOR OFFICIAL USE

GRIEVANCE NUMBER

Appeal to Facility Manager

GRIEVANCE # 754907

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR KEVIN KAUFFMAN Facility Manager	FACILITY: SCI Huntingdon	DATE: 11/28/18
FROM: (INMATE NAME & NUMBER) Lamont Micheli # LW2870	SIGNATURE OF INMATE: 	
WORK ASSIGNMENT: NA LW2870	HOUSING ASSIGNMENT: G1014 DTU	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8 1/2" x 11" page). State all relief that you are seeking.

IM appealing grievance # 754907 to facility manager for relief requested in original and further Review. Denial of my grievance / Relief was inappropriate as there is clear and convincing direct evidence of abuse, Assault and Battery, Excessive force and violations of numerous of Federal laws such as Retaliation and ADA Title II as well as section 504 of RA. Also the PA DOC Policy and state laws was violated by officer J. B. Merritts on 8/19/18 approx 4:00-4:45 pm, it's all on camera. As I requested relief in original grievance to save camera footage for court review as well as \$300,000 compensatory damages and separation transfer away from this facility to Huntingdon for my own safety. Officer J. B. Merritts once worked on the DTU on this date above but no longer positioned on DTU due to this incident on 8/19/18 at cell G1010. He maliciously intentionally slammed the wicket metal steel feeding aperture on my hands. My right hand was X-rayed and revealed fractured permanent hand impairment that hinders my ability to write without pain / cramps stiffness etc. It's obviously that the force was excessive and unusable to use the metal aperture as a weapon. A weapon not to be used by staff in Doc. Also the showing of a fractured hand broken bone in right hand, clearly shows that there was excessive substantial amount of force as he slammed my hand in the wicket of metal material. This officer as well as his supervisor ~~and~~ Capt House as well as his previous supervisor C. Kendrick are responsible for this officer who wasn't properly trained to deal with mentally ill inmates as he retaliated because of my grievance lawsuit as a DOC employee and discriminator because of my mental health disability because I notified him of my Depression, suicidal thoughts / ideations which is symptoms associated with my mental health qualified disability of Schizoaffective Disorder Depressive type etc. I told officer I wanted safety from myself so I won't harm myself but he showed deliberate indifference by saying "Cotton Picken you don't know learn, Fuck you and your suicidal ideations, the only way to go to POC suicide watch on my shift is if I spray you, write a false misconduct on you or harm you in some way." These words shows his malicious racial intent.

B. List actions taken and staff you have contacted, before submitting this grievance.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE Facility Grievance Coordinator Copy
GOLDEN ROD Inmate Copy

CANARY File Copy

PINK Action Return Copy

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

FOR OFFICIAL USE

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

GRIEVANCE # 754907

TO: FACILITY GRIEVANCE COORDINATOR <i>Kevin Kautman Facility Manager</i>	FACILITY: <i>SCI Huntingdon</i>	DATE: <i>11/08/18</i>
FROM: (INMATE NAME & NUMBER) <i>Lamont Zamicheli # LW2870</i>	SIGNATURE OF INMATE: <i>[Signature]</i>	
WORK ASSIGNMENT: <i>NA</i>	HOUSING ASSIGNMENT: <i>G61014 DTU</i>	

INSTRUCTIONS: *pg 2 of 2* Relief: SIVE Camera footage from cell G61015 of DM from 8/21/18
 1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. *Approx 5:30pm to 8/30/18 to see on camera my hand in cell/spi. cameras on pad.*
 2. State your grievance in Block A in a brief and understandable manner.
 3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted. *See: DC-457 for Photos/Injuries Plus Medical X-ray result on 8/21/18*

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8 1/2" x 11" page). State all relief that you are seeking. *Only cellmate but so far he has not been disciplined for his actions.*
 his motive to cause harm. J.B. Merritts has caused me permanent sufficient substantial *See: DC-457 for Photos/Injuries Plus Medical X-ray result on 8/21/18*
 of injuries such as fracture hand pain suffering, mental emotional psychological pain. mental anguish P.T.S.D, fear that another officer will ~~steal~~ *steal* the metal weapon Aperture *See: DC-457 for Photos/Injuries Plus Medical X-ray result on 8/21/18*
 hands again. I have numerous of inmate witnesses and employees who reviewed the video footage and clearly seen this officer and heard this officer intent to harm me. I also notified the officers that I had sufficient amount of pills in my cell at the time and I was going to overdose on the pills. I had taken 23 pills ~~at the time~~ *at the time* and about 304 more was found on my table in cell G61014 on 8/19/18 as I was removed from the cell. These pills was documented on the fabricated misconduct report officer J.B. Merritts written to me out of retaliation and to justify his malicious or excessive force on me. The only truth in that misconduct report is that I had pills in my cell. Contraband pills. I had my back window vent covered and my light off. everything else he alleged is false. I didn't assault or attempt to assault him or anyone else. If he said I reached out aperture to assault him is clearly false because if I reached it would have been harm that got slammed/broke inside the metal wicket. Obviously it was my hand which was on my wicket to be handcuffed that he broke as he told him I wanted to be cuffed and he told me to put my hands of the get cuffed as he threw fruit in my cell and I fastly closed aperture over hands. I obeyed his orders and he violated the policy but opening my feeding aperture in attempt to supposedly give fruit when my light was off and window in back of cell was covered which according to Policy *only* handbook it counts as a refuse of meet. What was of Merritts motive when he opened my aperture? Obviously to assault me. This was his second time assault on me. I don't have assaultive history. Checking misconduct history before he wrote two fabricated assault misconducts on me. Both times he assaulted me once on 4/15/18 Pepper spray. Now 8/19/18 with the

B. List actions taken and staff you have contacted, before submitting this grievance. *feeding aperture in attempt to supposedly give fruit when my light was off and window in back of cell was covered which according to Policy only handbook it counts as a refuse of meet. What was of Merritts motive when he opened my aperture? Obviously to assault me. This was his second time assault on me. I don't have assaultive history. Checking misconduct history before he wrote two fabricated assault misconducts on me. Both times he assaulted me once on 4/15/18 Pepper spray. Now 8/19/18 with the*
 Your grievance has been received and will be processed in accordance with DC-ADM 804. metal Aperture.

Signature of Facility Grievance Coordinator

Date

WHITE Facility Grievance Coordinator Copy CANARY File Copy PINK Action Return Copy
 GOLDEN ROD Inmate Copy

Facility Manager's Appeal Response

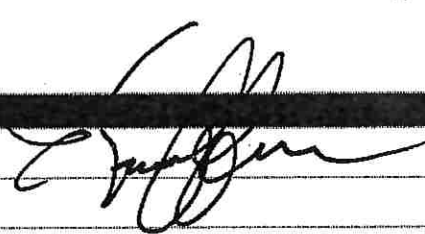
SCI-Huntingdon

1100 Pike St.

Huntingdon, PA 16654-1112

C10 U

This serves to acknowledge receipt of your grievance appeal to the Facility Manager for the grievance noted below. In accordance with the provisions of DC-ADM 804, "Inmate Grievance System Policy," the following response is being provided based on a review of the entire record of this grievance. The review included your initial grievance, the Grievance Officer's response, your appeal to me, and any other documents submitted.

Inmate Name:	Lamont Zamichieli	Inmate Number:	LW2870
Facility:	SCI HUNTINGDON	Unit Location:	GC1011
Grievance #:	754907		
Decision:			
<input checked="" type="checkbox"/> Uphold Response (UR)		<input type="checkbox"/> Uphold in part/Deny in part	
<input type="checkbox"/> Uphold Inmate (UI)		<input type="checkbox"/> Dismiss/Dismiss Untimely	
<i>It is the decision of this Facility Manager to uphold the initial response, uphold the inmate, dismiss, or uphold in part/deny in part. This response will include a brief rationale summarizing the conclusion and any action taken to resolve the issue(s) raised in the grievance and your appeal and relief sought.</i>			
Response:	Frivolous		
<p>I have reviewed your grievance and appeal. I note that Lt. Younker appropriately addressed your concern. In your appeal, you state you are appealing for the same reasons presented in your initial grievance, where you claim inappropriate force was used against you.</p> <p>This reported incident has been thoroughly investigated per DC-ADM 001. The Security Office and SCI Huntingdon Administrative Staff as well as the Bureau of Investigations and Intelligence have reviewed this investigation with the determination that the investigation was completed satisfactorily. The finding of this investigation has determined that the allegations were found to be unsubstantiated.</p> <p>I can only reiterate that I uphold the response provided by the grievance officer. Your grievance is found to be without merit.</p>			
Signature:	Kevin Kauffman		
Title:	Facility Manager		
Date:	1/8/19		

cc: DC-15
File

DC-ADM 804, Inmate Grievance System Procedures Manual
Section 2 - Appeals

Issued: 12/1/2010
Effective: 12/8/2010

Attachment 2-B

TO: Final Review Dorina Vanner

FROM: Lamont Zomichele INMATE # LW2870 (SCI Huntington)

Date: 1/16/19

My right hand was fractured on 8/19/18 By C/O J. B. Meritts on DTU GC Pad at cell #A GC 1010. This officer maliciously used extreme force to break down my hand By slamming metal door Aperture on my hand to cause pain cut circulation to hands & fingers etc. I was in threat towards him

Hello, how are you? Fine I hope! I'm writing this quick letter to let you know that there's a total of 2 envelopes with all of my appeal grievance # 754907 documents within enclosed. All required dockets. Please process/accept and provide reasonable response as soon as possible after your thorough investigation of the use of excessive force incident happened on 8/19/18 4:00-4:45 PM GC1010 DTU

disabled injured on 8/19/18 extremely
painful this day. I suffer
from back PT's & sciatica
excuse it.

Spelling on 9/19/18. - MC slammed the metal
Aperture on my hand fractured my right hand
8/19/18. Threatened to do it again on 9/13/18 on
1/13/19

is
to
Huntington
State Prison

DC-804
Part 1

Appeal TO Final Review

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

FOR OFFICIAL USE

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

Appeal # 754907

TO: FACILITY GRIEVANCE COORDINATOR Final Review central office	FACILITY: SCI-Huntingdon	DATE: 1/16/19
FROM: (INMATE NAME & NUMBER) Lamont Zamicheli # LW2870	SIGNATURE OF INMATE: 	
WORK ASSIGNMENT: N/A	HOUSING ASSIGNMENT: GC1011 DTU	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner. I seek 300,000 compensation and I fear for my safety and health.
3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted. C/O Merritts Fractured my Right hand on 8/19/18. Immediate separation transfer.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8 1/2" x 11" page). State all relief that you are seeking.

Appealing Denial of grievance # 754907 to Final Review and raise the following facts that on 8/19/18 officer J. B. Merritts who was working on DTU, violated my Federal Rights of U.S. constitution, State Law Assault/Battery, 8th amendment cruel and unusual punishment, excessive force, Retaliation under 1st amendment, and violations of ADA title II, III, IV, and Section 504 of RA. As on the date above this officer maliciously slammed the metal door aperture on my hands to cause harm. It's all on camera as requested to be saved on 8/19/18 4:00-4:45 PM. He was removed from working on the DTU as a result, because of his unlawful malicious behavior towards me. He also assaulted me and use excessive force on 4/19/18 with pepper spray for no reason but to cause harm because of my pending lawsuit and grievances. Also on 9/13/18 he threatened to fracture my other hand, same way he fractured my Right hand on 8/19/18 by using a metal weapon of force, slamming metal aperture on my hand because of my lawsuit/grievances and my race, also my disability of mental health depression suicidal thoughts as I informed him I need safety told me to P.O.C. He refused to acknowledge and ~~did~~ he let me overdose on pills. I had taken 23 pills & consumed to commit suicide. I was told that the DOC, SCI Huntingdon has put on fire an institutional separation/ADM separation between officer Merritts and me because they knew he is a threat towards me. Also on 1/13/19 he worked on the DTU for about one hour 10:00-11:00 AM, he's not suppose to be around me. He attempted to open my cell wicket on 1/13/19 10:20-10:45 AM to collect meal tray, I told him that Capt House, the unit manager, C. Banks, Deputy Walters, LT. Franks, Connie Green, Kauffman etc told me that he's not allowed to be near me, come to my door, open my door/wicket or escort me or any D. Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE Facility Grievance Coordinator Copy CANARY File Copy PINK Action Return Copy

GOLDEN ROD Inmate Copy I request 300,000 compensation and separation transfer away immediately!

See: camera footage saved as I requested for review.

See: medical files and save as the files will substantiate my injuries

DC-ADM 804, Inmate Grievance System Procedures Manual
Section 1 - Grievances & Initial ReviewIssued: 1/26/2016
Effective: 2/16/2016

I need extra counseling psychological treatment...

ON 8/19/18 4:00-4:45 PM ON DTU GC1010 cell at the time I was housed, it's on camera saved that C/O Merritts used excessive force slammed my hand in wicket aperture & fractured my Right hand. LT Younker failed properly.

Attachment 1-A
TNGreshgale as he said during the interview, he will be sure to cover the


DC-804
Part 1

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS**

FOR OFFICIAL USE

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Final Review central office	FACILITY: SEC HUNTINGDON	DATE: 1/16/19
FROM: (INMATE NAME & NUMBER) Lamont Zamith, PI LW 2870	SIGNATURE OF INMATE: 	
WORK ASSIGNMENT: NA	HOUSING ASSIGNMENT: SC1011 DTU	ON 4/19/18, and 8/11/18, wrote false misconducts me...
INSTRUCTIONS: I, Lamont Zamith, have had NO assault misconducts on my history until 1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. 2 times C/O Merritts assault me and lied on me to justify his use 2. State your grievance in Block A in a brief and understandable manner. force as he is untrained to 3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted. C/O Merritts have an assaultive history towards SMI inmates!!! crowd S		
A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8 1/2" x 11" page). State all relief that you are seeking.		
INMATE to/from Programs, DTU groups, etc. Because his not supposed to be around me because he pose a serious risk to my safety But officer J. B. Merritts said "Fxxk Capt House, he is my Boss... he listen to me, I don't listen to him... he is a House Nigger". Also officer J. B. Merritts came to my door on 1/13/19 around 10:55 AM and tried to open my wicket aperture in cell DTU 61011 for the nurse to administer my pain meds for my right hand that was fractured on 8/19/18 and I still have constant pain, and poor hand function impairment permanent, I had to refuse my medication because I fear him opening my wicket to slam my hand or in metal hand aperture again as he threatens he'll do again 9/15/18 and 11/13/19. He doesn't listen to his supervisors or follow their orders, I consistently notify Capt House, PRC and counselors about this but they don't care. Capt House, C. Hendon Kevin Kaufman, Connie Green, R. H. DTU Sgt's, LT's, C. Banks, Andrea Wakefield and multiple John Dore's / Jane Dore's are responsible for letting J. B. Merritts continue threats, assaultive behavior towards me. They still continue to fail to protect me from obvious harm they know the officers intent to harm me out of retaliation for lawsuits/grievances but they don't care. Responsible listed parties as well as, John Wetzet, is responsible for being deliberate indifference to my safety by allowing C/O J. B. Merritts to threaten harass me continuously even after this.		
B. List actions taken and staff you have contacted, before submitting this grievance. All times where I was hit and robbed that a C/O J. B. Merritts used excessive force on me a SMI inmate, twice on plans to harm me again. That officer intervention on 8/19/18 right on state law, as well as 11/13/19. I am afraid of officer J. B. Merritts used an illegal weapon on me, used force on a metal aperture causing severe serious permanent injury fractured my right hand. Painful... pins put in foot/salut for many weeks and hindered my lawsuit/grievance process etc. after months.		
Your grievance has been received and will be processed in accordance with DC-ADM 804.		

Signature of Facility Grievance Coordinator

Date _____

WHITE Facility Grievance Coordinator Copy
GOLDEN ROD Inmate Copy

CANARY File Copy

PINK Action Return Copy

Doc Williams failed to accommodate my hand injuries and
gave me no other way to communicate with court/family/friends
but to write with fractured hand in pain with Solent on it.
Force was excessive on 8/11/18, enough amount of force

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 1 – Grievances & Initial Review

Issued: 1/26/2016
Effective: 2/16/2016

The aperture on my hand. Then afterwards he stated I Bel you won't file on more lawsuits